



SLR Client Information Request Form 2021 Virtual Presentation

CLIENT CONTACT INFORMATION

FULL NAME

TITLE

ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

WEBSITE

SHORT DESCRIPTION OF ORGANIZATION:

SHORT BIO:

HOT ISSUES:

STATES WHERE YOU ARE LOOKING FOR REPRESENTATION OR HAVE ISSUES:

ANY OTHER INFORMATION SLR MEMBERS MAY FIND USEFUL ABOUT YOUR ORGANIZATION:

****Please return to Moira Skelley at mskelley@statelaw.org***